

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

16093

LED JUN 4 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4798

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Park Lane Memorial Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **2 days**  
(Specify whether  
In this community..... **Life**  
years, months or days)

3. (a) PRINT FULL NAME **Robert D. Fox**

3. (b) If veteran, name war **World War** 3. (c) Social Security No. **497-10-5495**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife..... **Anna Fox** 6. (c) Age of husband or wife if alive **42** years  
7. Birth date of deceased **October 27 1895**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**47 6 26** hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or country) (State or foreign country)

10. Usual occupation..... **Contractor**  
11. Industry or business..... **Brick Work**

MOTHER FATHER { 12. Name **William Fox**  
13. Birthplace **St. Louis Missouri**  
(City, town, or country) (State or foreign country)  
14. Maiden name **Anna Schall**  
15. Birthplace **St. Louis Missouri**  
(City, town, or country) (State or foreign country)

16. (a) Informant **Anna Fox**  
(b) Address **3341 Missouri Ave.**

17. (a) **Burial** (b) Date thereof **5/26/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **ld SS Peter & Paul**

18. (a) Signature of funeral director **Hacker, Hildreth and Co.**

(b) Address **3634 Gravois**

19. (a) **MAY 25 1943** (b) **J. J. Predest**  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3341 Missouri Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **23** day..... **May**  
year..... **1943** hour..... **11** minute..... **20** PM.

21. I hereby certify that I attended the deceased from **April 18** to **May 23**, 19**43**  
that I last saw him alive on **May 23**, 19**43**  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....  
Duration.....

Due to.....  
Due to.....

Other conditions (include pregnancy within 3 months of death).....

Major findings:  
Of operations.....  
Of autopsy.....  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature **J. J. Predest** (b) **J. J. Predest**  
Address **4930** Date signed.....

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Robert C. Wheeler*

Licensed Embalmer No.

*2128*

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.